SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 360 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) New York Life Insurance Company F			
Full Name (Last, First, Middle Initial)			
Mr. Mark F. Bailey			Date of Receipt
Mailing Address 309 Redwing Lane			08 / 31 / 2011
City	State FL	Zip Code	Transaction ID: PR11066015
St. Augustine FEC ID number of contributing federal political committee.	C	32080-7981	Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company	Occupatio Agent	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	P/R Deduction (\$250.00 Monthly)
Full Name (Last, First, Middle Initial) Mr. Bruce A. Holliday			Date of Receipt
Mailing Address 8 Mar Vista Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR11086015
Pensacola	<u>FL</u>	32507-3485	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer New York Life Insurance Company	Occupatio Agent	n	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	333.36	P/R Deduction (\$41.67 Mon-thly)
Full Name (Last, First, Middle Initial) Mr. Thomas G. Krach			Date of Receipt
Mailing Address 10595 Durham Place			0 8 3 1 2 0 1 1
City	State	Zip Code	Transaction ID: PR11116015
Powell	OH	43065-8621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer New York Life Insurance Company	-, '	g Partner	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D- dusting (#05.00 B)
Other (specify)		396.20	P/R Deduction (\$25.00 Bi- Weekly)
			341.67